EXHIBIT 8

SCHEDULE A (FORM 5500) INSURANCE INFORMATION

GROUP NAME: HI LEX CORPORATION	
PART I: Summary of all insurance contracts included in Parts	II and III:
1. Welfare Plan/Pension Plan (Determined by	your Group)
2. (a) Carrier Name BLUE CROSS BLUE SHIELD (b) Group Number (c) Persons Covered (d) Rating Period 05/01/2002	OF MICHIGAN CLUSTER D501 2,892 - 04/30/2003
3.(a) Contract or Identification Number (b) Name and Address of Agent or Broker (Determined by (c) Amount of Commission Paid (Not	CLUSTER D501 / your Group) t Applicable)
Part II: Insured pension plans (Not	t Applicable)
Part III: Insured Welfare Plans	
8. (a) Contract or Identification Number (b) Type of Benefit (c), and (d) (Determined by	CLUSTER D501 Health Care y your Group)
9. (a) i Premiums Earned (Determined by ii,iii,iv	y your Group) \$6,799,910
	\$6,437,524 t Applicable) t Applicable)
(B) Administration	t Applicable) \$386,775 t Applicable)
(E) Taxes	0 t Applicable) \$102,722
ii Cash Refunds or Credits (Customer Savings Refund, Interest)	\$30,040
ii Claims Reserves (No	t Applicable) t Applicable) t Applicable)

(e) Cash Refunds or Credits Due (Excess Claims)

\$127,111

Blue Cross Blue Shield of Michigan

DESCRIPTION OF THE PROPERTY OF

GROUP NAME: HI LEX CORPORATION	
PART I: Summary of all insurance contracts included in	n Parts II and III:
1. Welfare Plan/Pension Plan (Determ	ined by your Group)
(b) Group Number (c) Persons Covered	SHIELD OF MICHIGAN CLUSTER D501 2,859 1/2004 ~ 12/31/2004
3.(a) Contract of Identification Number (b) Name and Address of Agent or Broker (Determ) (c) Amount of Commission Paid	CLUSTER D50l ined by your Group) (Not Applicable)
Part II: Insured pension plans	(Not Applicable)
Part III: Insured Welfare Plans	
8. (a) Contract or Identification Number (b) Type of Benefit (c), and (d) (Determine)	CLUSTER D501 Health Care ined by your Group)
ii,iii,iv	ined by your Group) \$7,540,422
(b) 1 Claims Paidii Increase (Decrease) in Claim Reservesiii & 1v Incurred Claims	\$7,028,178 (Not Applicable) (Not Applicable)
 (c) i (A) Commissions (B) Administration (C) Other Acquisition (D) Other Expenses (Mandated subsidy) 	(Not Applicable) \$464,991 (Not Applicable) 0
(E) Taxes (F) Risk and Contingency (0) Other Retention (Late Fee, Stoploss Prediction (H) Total Retention Including Stoploss Prediction	(Not Applicable) mium) \$47,253
ii Cash Refunds or Credits (Customer Savings Refund, Interest)	\$87,350
(d) i Amount held for Benefits after Retirementii Claims Reservesiii Other (Rate Stabilization Reserves)	(Not Applicable) (Not Applicable) (Not Applicable)
(e) Cash Refunds or Credits Due (Excess Claims)	\$0

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GROUP NAME: HI LEX CORPORATION
PART I: Summary of all insurance contracts included in Parts II and III:
1. Welfare Plan/Pension Plan (Determined by your Group)
2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN (b) Group Number CLUSTER D501
(c) Persons Covered 2,650 (d) Rating Period 01/01/2005 - 12/31/2005
3.(a) Contract or Identification Number CLUSTER D501 (b) Name and Address of Agent or Broker (Determined by your Group) (c) Amount of Commission Paid (Not Applicable)
Part II: Insured pension plans (Not Applicable)
Part III: Insured Welfare Plans
8. (a) Contract or Identification Number CLUSTER D501
(b) Type of Benefit (c), and (d) Health Care (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group) ii,1ii,iv \$7,442,652
(b) i Claims Paid \$6,958,796
ii Increase (Decrease) in Claim Reserves (Not Applicable) (ii & iv Incurred Claims (Not Applicable)
The War Tilliam Land
(c) i (A) Commissions (Not Applicable) (B) Administration 9434,581
(B) Administration \$434,581 (C) Other Acquisition (Not Applicable)
(D) Other Expenses (Mandated subsidy)
(E) Taxes (F) Risk and Contingency (Not Applicable)
(6) Other Retention (Late Fee, Stopless Premium) \$49,275
(H) Total Retention Including Stoploss Premium \$483,856
ii Cash Refunds or Credits (Customer Savings Refund, Interest) \$79,511
(d) 1 Amount held for Benefits after Retirement (Not Applicable)
ii Claims Reserves (Not Applicable)
iii Other (Rate Stabilization Reserves) (Not Applicable)
(e) Cash Refunds or Credits Due (Excess Claims) \$0

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GROUP NAME: HI LEX CORPORATION
PART I: Summary of all insurance contracts included in Parts II and III:
1. Welfare Plan/Pension Plan (Determined by your Group)
2. (a) Carrier Name (b) Group Number BLUE CROSS BLUE SHIELD OF MICHIGAN CLUSTER D501
(c) Persons Covered 0 (d) Rating Period 01/01/2006 ~ 12/31/2006
3.(a) Contract or Identification Number CLUSTER D501 (b) Name and Address of Agent or Broker (Determined by your Group) (c) Amount of Commission Paid (Not Applicable)
Part II: Insured pension plans (Not Applicable)
Part III: Insured Welfare Plans
8. (a) Contract or Identification Number CLUSTER D501
(b) Type of Benefit Health Care (c), and (d) (Determined by your Group)
(c), and (d) (Determined by your Group)
9. (a) 1 Premiums Earned (Determined by your Group) 11,111,1V \$8,546,234
(b) 1 Claims Paid \$8,075,368
ii Increase (Decrease) in Claim Reserves (Not Applicable)
111 & 1v Incurred Claims (Not Applicable)
(c) 1 (A) Commissions (Not Applicable)
(B) Administration \$419,286
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable)
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy)
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) (E) Taxes
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) 0 (E) Taxes (Not Applicable) (F) Risk and Contingency (Not Applicable) (G) Other Retention (Late Fee, Stoploss Premium) \$51,580
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) (E) Taxes
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) 0 (E) Taxes 0 (F) Risk and Contingency (Not Applicable) (G) Other Retention (Late Fee, Stoploss Premium) \$51,580 (H) Total Retention Including Stoploss Premium \$470,866
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) 0 (E) Taxes (Not Applicable) (F) Risk and Contingency (Not Applicable) (G) Other Retention (Late Fee, Stoploss Premium) \$51,580
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) 0 (E) Taxes 0 (F) Risk and Contingency (Not Applicable) (G) Other Retention (Late Fee, Stoploss Premium) \$51,580 (H) Total Retention Including Stoploss Premium \$470,866 ii Cash Refunds or Credits (Customer Savings Refund, Interest) \$103,593 (d) i Amount held for Benefits after Retirement (Not Applicable)
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) 0 (E) Taxes 0 (F) Risk and Contingency (Not Applicable) (G) Other Retention (Late Fee, Stoploss Premium) \$51,580 (H) Total Retention Including Stoploss Premium \$470,866 ii Cash Refunds or Credits (Customer Savings Refund, Interest) \$103,593 (d) i Amount held for Benefits after Retirement (Not Applicable) ii Claims Reserves (Not Applicable)
(B) Administration \$419,286 (C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) 0 (E) Taxes 0 (F) Risk and Contingency (Not Applicable) (G) Other Retention (Late Fee, Stoploss Premium) \$51,580 (H) Total Retention Including Stoploss Premium \$470,866 ii Cash Refunds or Credits (Customer Savings Refund, Interest) \$103,593 (d) i Amount held for Benefits after Retirement (Not Applicable)

Blue Cross Blue Shield of Webigan

SCHEDULE A (FORM 5500) Insurance information

GROUP NAME: HI LEX CORPORATION		
PART I: Summary of all insurance contracts included i	n Parts	II and III:
1. Welfare Plan/Pension Plan (Daterm	ined by	your Group)
2. (a) Carrier Name BLUE CROSS BLUE	SHIELD	OF MICHIGAN
(b) Group Number		CLUSTER D501
(c) Persons Covered		2,650
(d) Rating Period 01/0	1/2007	- 12/31/2007
3.(a) Contract or Identification Number		CIMETER SECT
(b) Name and Address of Agent or Broker (Determ	inad hy	CLUSTER D501
(c) Amount of Commission Paid	Tiled by	\$000° 627
•		V
Part II: Insured pension plans	(Not	Applicable)
Part III: Insured Welfare Plans		
8. (a) Contract or Identification Number		CLUSTER 0501
(b) Type of Benefit		Health Care
(c), and (d) (Determ	ined by	your Group)
9. (a) 1 Premiums Earned (Determ	ined by	your Group)
11,111,1v	-1104 07	\$9,273,623
(b) i Claims Paid		40 0// 7/0
ii Increase (Decrease) in Claim Reserves	/ A1 = +	\$8,846,369
111 & 1v Incurred Claims		Applicable) Applicable)
	(NOC	Abbitcapie)
(c) i (A) Commissions	(Not	Applicable)
(B) Administration (C) Other Acquisition		\$427,074
(D) Other Expenses (Mandated subsidy)	(Not	Applicable)
(E) Taxes		0
(F) Risk and Contingency	7 M . A.	0
(G) Other Retention (Late Fee, Stopless Pres	70N)	Applicable)
(H) Total Retention Including Stopless Premi	11 UM)	\$64,278
	um	\$491,352
11 Cash Refunds or Credits		
(Customer Savings Refund, Interest)		\$100,613
(d) 1 Amount held for Benefits after Retirement	(Not	Applicable)
11 Claims Reserves		Applicable)
iii Other (Rate Stabilization Reserves)		Applicable)
(e) Cash Refunds or Credits Due (Excess Claims)		\$64,098

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STOLD MAME: MY LEV CORDORATION
GROUP NAME: HI LEX CORPORATION
PART I: Summary of all insurance contracts included in Parts II and III:
1. Welfare Plan/Pension Plan (Determined by your Group)
2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN (b) Group Number CLUSTER D501 (c) Persons Covered 2,484 (d) Rating Period 01/01/2008 - 12/31/2008
3.(a) Contract or Identification Number CLUSTER D501 (b) Name and Address of Agent or Broker (Determined by your Group) (c) Amount of Commission Paid \$179
Part II: Insured pension plans (Not Applicable)
Part III: Insured Welfare Plans
8. (a) Contract or Identification Number CLUSTER D501 (b) Type of Benefit Health Care (c), and (d) (petermined by your Group)
9. (a) 1 Premiums Earned (Determined by your Group) 11,111,10 \$9,030,186
(b) i Claims Paid \$8,944,593 ii Increase (Decrease) in Claim Reserves (Not Applicable) iii & iv Incurred Claims (Not Applicable)
(c) i (A) Commissions (Not Applicable) (B) Administration \$420,010
(C) Other Acquisition (Not Applicable) (D) Other Expenses (Mandated subsidy) (E) Taxes
(F) Risk and Contingency (Not Applicable) (8) Other Retention (Late Fee, Stoploss Premium) \$107,936 (H) Total Retention Including Stoploss Premium \$527,946
ii Cash Refunds or Credits (Customer Savings Refund, Interest) \$80,304
(d) 1 Amount held for Benefits after Retirement (Not Applicable) il Claims Reserves (Not Applicable)
iii Other (Rate Stabilization Reserves) (Not Applicable)
(e) Cash Refunds or Credits Due (Excess Claims) \$442,353